FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 1 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 18024

Registration District No. 318 | Primary Registration District No. 1003 | Registrar's No. 4697

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County

(b) City or town: St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. John Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo. (b) County: 0-00

(c) City or town: ~~Wellston~~ St Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No.: 6147 Gambleton Pl., 9
(If rural, give location) 0

(e) Citizen of foreign country? (Yes or No) 5

If yes, name country

3. (a) PRINT FULL NAME: Margaret Skinner.

3. (b) If veteran, name war: No

3. (c) Social Security No.: None

4. Sex: Female 1

5. Color or race: White

6. (a) Single, widowed, married, divorced: Widowed

6. (b) Name of husband or wife: Walter J. Skinner

6. (c) Age of husband or wife if alive years

7. Birth date of deceased: April 17, 1865. (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
83	0	1	hr. min.

9. Birthplace: Montgomery City, Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation: Retired

11. Industry or business:

MOTHER FATHER

12. Name: Thomas Cain 1

13. Birthplace: Ireland 7
(City, town, or county) (State or foreign country)

14. Maiden name: Mary Sheridan

15. Birthplace: Ireland 4
(City, town, or county) (State or foreign country)

16. (a) Informant: Garnham Skinner

(b) Address: 6147 Gambleton Pl.,

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 21/48. (Month) (Day) (Year)

(c) Place: burial or cremation: Calvary Cemetery

18. (a) Signature of funeral director: Jos. W. Clark

(b) Address: 1125 Hodiamont Ave.,

19. (a) MAY 20 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 18 year 1948 hour 6.00 minute P.M.

21. I hereby certify that I attended the deceased from February 8th, 1948, to May 18th, 1948; that I last saw her alive on May 18th, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Arteria sclerosis with cerebral vascular thrombosis	3 weeks
Due to: Arteria sclerosis	many years.
Due to:	
Other conditions: None (Include pregnancy within 3 months of death)	

Major findings:
Of operations: None

Of autopsy: None

PHYSICIAN — Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify): no

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury: 0

23. Signature: John J. Hammond (M. D. or other) M.D.

Address: 634 N. Grand Date signed 5/20/48.

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

Dr. John J. Hammond
Mo. Ther. Bldg.
FR. 5080, 2.30 to 5 P.M.
Thursday

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____ _____, Registered Apprentice No. _____, working under my personal supervision.

Signed Gustav W. Dietule

Licensed Embalmer No. 4329

P. O. Address St. Louis, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.